13	*	PART B	B - FEE(S)	TRANSMITTAL	in in the second	To
,	this form, together wi		or]	Commissioner for P.O. Box 1450 Alexandria, Virg Eax (571) 273-2885	or Patents ginia 22313-1450	T 2 6 2005
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	below of directed otherwise	esmitting the ISSU Patent, advance or in Block I, by (a	JE FEE and ders and notice of specifying	PUBLICATION FEE (if requification of maintenance fees value and correspondence address	will be mailed to the summer	should be completed where
	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each addition	mailing can only be used fais certificate cannot be used al paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, mus
	DC 20001-5303	C.		Ce	e of mailing or transmission. rtificate of Mailing or Tran- his Fee(s) Transmittal is bein with sufficient postage for fii il Stop ISSUE FEE address PTO (571) 273-2885, on the	smission
:072003 MBETEME2 0000 :C:2501						(Signature)
C:1504	700.00 DP 300.00 DP					(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN) INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/030,714 TITLE OF INVENTION: INDEPENDENT UNITS	01/14/2002 WATERPROOF TRANSCE	EIVER HAVING I	Shouji PTT SWITCI	H, SOUND INPUT/ OUTPUT	FUJINO=5 F PORTION AND MAIN P	8226 ORTION FORMED INTO
APPLN. TYPE	SMALL ENTITY	ISSUE FE	FF	PUBLICATION FEE		DATE DUE
				CODECATION	TOTAL FEE(S) DUE	DILLEDOL
nonprovisional	DO YES	\$1400	+700	\$300	S1700 4 1000	
EXAN	NO YES	ART UN	*100	\$300 CLASS-SUBCLASS	0.124	
AMINZAY,	DO YES	ART UN 2684	1T	\$300	\$1700° 4 00 00	10/31/2005
AMINZAY, 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	JOP YES MINER SHAIMA Q The address or indication of "Formation of the address (or Change of the 22) attached. Station (or "Fee Address" Indicator more recent) attached. Use the address of the addre	ART UNI 2684 ee Address" (37 Correspondence ution form e of a Customer E PRINTED ON T	2. For prin (1) the nar or agents ((2) the nar registered 2 registered listed, no n	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater DR, alternatively, one of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If lame will be printed.	st BROWDY a member a less of up to no name is 3	AND NEIMARK,
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	MINER SHAIMA Q de address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Both an assignee is identified be a 37 CFR 3.11. Completion of	ART UNI 2684 ee Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	2. For prin (1) the nar or agents C (2) the nar registered 2 registered isted, no n HE PATENT data will apper a substitute i	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater PR, alternatively, and the name of a single firm (having as a attorney or agent) and the name d patent attorneys or agents. If tame will be printed. (print or type) aar on the patent. If an assign for filing an assignment.	st provide the provided state of the state o	AND NETMARK,
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND	MINER SHAIMA Q de address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Both an assignee is identified be a 37 CFR 3.11. Completion of	ART UNI 2684 ee Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	2. For prin (1) the nar or agents C (2) the nar registered 2 registered isted, no n HE PATENT data will apper a substitute i	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater DR, alternatively, one of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If lame will be printed.	st provide the provided state of the state o	AND NEIMARK,
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use the property of	ART UNI 2684 ee Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	2. For prin (1) the nar or agents C (2) the nar registered 2 registered isted, no n HE PATENT data will apper a substitute i	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, limes of up to 3 registered pater DR, alternatively, ne of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If ame will be printed. (print or type) ear on the patent. If an assign for filling an assignment. E: (CITY and STATE OR COU	st provide the provided state of the state o	AND NEIMARK,
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspondenc CFR 1.363). "Fee Address" indicat PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET Correct Correct CAPPlease check the appropriate	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use an assignee is identified be an assignee is identified be an assignee is identified be a second or more recent) attached. Use as a sasignee category or category or category or category or category.	ART UNI 2684 ee Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B)	2. For prin (1) the nar or agents C (2) the nar registered 2 registered listed, no n HE PATENT data will appe a substitute of RESIDENC Tokyo, January	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater R, alternatively, ne of a single firm (having as attorney or agent) and the named patent attorneys or agents. If lame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN atent): Individual	st provide the provided state of the state o	AND NETMARK, F
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspondenc CFR 1.363). The Change of correspondence CFR 1.363. "Fee Address" indicate PTO/SB/1: "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET Correct Control of the Control of	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use an assignee is identified be an assignee is identified be an assignee is identified be a second or more recent) attached. Use as a sasignee category or category or category or category or category.	ART UNI 2684 ee Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B)	2. For prin (1) the nar or agents C (2) the nar registered 2 registered isted, no n HE PATENT data will appe a substitute of RESIDENC Tokyo, January	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater DR, alternatively, ne of a single firm (having as attorney or agent) and the named patent attorneys or agents. If lame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN atent): Individual ACC Fee(s):	st proof BROWDY a member a les of up to no name is 3 see is identified below, the distribution of other private group of the state of the	AND NETMARK,, F
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspondenc CFR 1.363). "Fee Address" indicat PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET Correctly appared. Temco Japan Co. Please check the appropriate 4a. The following fee(s) are lissue Fee	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use the analysis and assignee is identified be a 37 CFR 3.11. Completion of the assignee category or category enclosed:	ART UNI 2684 be Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B)	2. For prin (1) the nar or agents C (2) the nan registered 2 registered listed, no n HE PATENT data will appe a substitute to Payment of it A check in	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater PR, alternatively, ne of a single firm (having as attorney or agent) and the named patent attorneys or agents. If lame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN atent): Individual ACC Fee(s): In the amount of the fee(s) is en	st provide a provide a member a less of up to no name is 3	AND NETMARK, F
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspondenc CFR 1.363). "Fee Address" indicat PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION Temco Japan Co. Please check the appropriate 4a. The following fee(s) are Issue Fee	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use the analysis of the analysis o	ART UNI 2684 be Address" (37 Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B)	2. For prin (1) the nar or agents C (2) the nan registered 2 registered listed, no n HE PATENT data will appe a substitute to Payment of it A check in	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater PR, alternatively, ne of a single firm (having as attorney or agent) and the named patent attorneys or agents. If lame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN atent): Individual ACC Fee(s): In the amount of the fee(s) is en	st provide a provide a member a less of up to no name is 3	AND NETMARK, F
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Temco Japan Co. Please check the appropriate Lissue Fee Publication Fee (No see Advance Order - # of Change in Entity Status a. Applicant claims Sh	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use the state of the state	ART UNI 2684 the Address" (37 Correspondence attion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B) Tries (will not be printed to the pri	2. For prin (1) the nar or agents C (2) the nan registered 2 registered isted, no n HE PATENT data will appe a substitute of Payment of i A check in Payment of i A check in Payment of Deposit Acco	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater DR, alternatively, ne of a single firm (having as attorney or agent) and the name of a transport of a single firm (having as attorney or agent). If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN Attent): Individual According to the amount of the fee(s) is empty credit card. Form PTO-2038 ctor is hereby authorized action is hereby authorized action in longer claiming SMAI attent is no longer claiming SMAI	st BROWDY a member a 2 2 3 3 3 3 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	and NEIMARK, F ocument has been filed for oup entity Government credit any overpayment, to opy of this form).
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET Temco Japan Co. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No story and Advance Order - # of the story and the sto	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use the state of the state	ART UNI 2684 the Address" (37 Correspondence attion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B) Tries (will not be printed to the pri	2. For prin (1) the nar or agents C (2) the nan registered 2 registered isted, no n HE PATENT data will appe a substitute of Payment of i A check in Payment of i A check in Payment of Deposit Acco	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater DR, alternatively, ne of a single firm (having as attorney or agent) and the named patent attorneys or agents. If ame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN atent): Individual ACC Fee(s): In the amount of the fee(s) is empty credit card. Form PTO-2038 ctor is hereby authorized account Number 22-103-55	st BROWDY a member a 2 2 3 3 3 3 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	and NEIMARK, F ocument has been filed for oup entity Government credit any overpayment, to opy of this form).
AMINZAY, 1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Temco Japan Co. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No see Advance Order - # of 5. Change in Entity Status a. Applicant claims Sh	MINER SHAIMA Q The address or indication of "Formation (or "Fee Address" Indicator more recent) attached. Use the state of the state	ART UNI 2684 the Address" (37 Correspondence attion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B) Tries (will not be printed to the pri	2. For prin (1) the nar or agents C (2) the nan registered 2 registered isted, no n HE PATENT data will appe a substitute of Payment of i A check in Payment of i A check in Payment of Deposit Acco	\$300 CLASS-SUBCLASS 455-569100 ting on the patent front page, lines of up to 3 registered pater DR, alternatively, ne of a single firm (having as attorney or agent) and the name of a transport of a single firm (having as attorney or agent). If an assign for filing an assignment. E: (CITY and STATE OR COUAPAN Attent): Individual According to the amount of the fee(s) is empty credit card. Form PTO-2038 ctor is hereby authorized action is hereby authorized action in longer claiming SMAI attent is no longer claiming SMAI	st BROWDY a member a 2 2 3 3 3 3 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	and NEIMARK, F ocument has been filed for oup entity Government credit any overpayment, to opy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.